

Accessing Your Health Records

Under the Data Protection Act 1998 you have a legal right to access your health records. However you need to remember that your medical records do not belong to you. They are the property of the Secretary of State for Health. In reality responsibility is passed down to the various health bodies which produce and store your records.

How can I access my health records?

A health record is defined in the Data Protection Act 1998 as a record consisting of information about the physical or mental health or condition of an identifiable individual made by or on behalf of a health professional in connection with the care of that individual.

A health record can be recorded in a computerised form or in a manual form or a mixture of both. They include – handwritten clinical notes, letters to and from other health professionals, laboratory reports, radiographs and other imaging records eg X-rays and reports, printouts from monitoring equipment, photographs and videos.

If you wish to review health records, it may not be necessary for you to make a formal application to do so. Nothing in the law prevents health professionals from informally showing you your own records. You can make an informal request to have a consultation by ringing the surgery or hospital and arranging a time to visit and see your records.

However, it is recommended that you apply for access in writing by sending a letter by recorded delivery, including any payment and the required proof of identity. You should receive a response within 21 days after your application was received, although by law (according to the Data Protection Act) or the hospital or surgery has 40 days to respond to a request in writing.

If you wish to see your GP records you should write directly to your GP or to the Surgery Manager. If you wish to see your hospital records you should write to your Hospital Patients Services Manager or Medical Records Officer.

Your request will usually only be refused if the Health Records Manager, GP, or other health professional believe that information in the records is likely to cause you, or another person, serious harm.

Charges

If your records have been updated in the last 40 days – that is, you have seen your GP, or another health professional, in the last 40 days, you are entitled to see your records free of charge. However, if your records are held on a computer, there may be an administration charge of up to £10.

For a copy of older paper records, and results such as X-rays, you may have to pay photocopying and administration charges. These charges will be a maximum of £50 (in total). You should ask your surgery, or hospital, what they charge before you make a request.

How do I change my details?

If you change your name, address or telephone number your health records will need to be updated. Telephone or write to your GP surgery or hospital to notify them of any changes. Reception staff will be able to update your records. Some hospitals and GP surgeries also have on line forms for updating your details, which can be sent electronically.

What if information in my health records is incorrect?

If you feel information recorded on the health records is incorrect then you should first make an informal approach to the health professional concerned to discuss the situation in an attempt to have the records amended. If this avenue is unsuccessful, then you may pursue a complaint under the NHS Complaints Procedure (please see our separate on line guide) in an attempt to have the information corrected or erased. They could further complain to the Information Commissioner, formally the Data Protection Commissioner, who may rule that any erroneous information is rectified, blocked, erased or destroyed. Further information can be obtained from the Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

If you go to see your records it is often a good idea to ask a doctor, nurse or other medical professional to accompany you as records often contain a lot of medical terms and jargon and, if handwritten, can also be difficult to read. The doctor or nurse can then translate the records for you and interpret any test results, which are often very difficult to understand if you do not know what a good or normal result would be. If you would like help to access or view your records you can ask the local patient advice and liaison service to help you. They are situated in most hospitals and there will be no charge for their help.

How long are health records kept for?

The Department of Health publishes a Code of Practice for records management. This sets out the minimum period for which different types of health records must be kept, either due to legal

requirements or because they may be needed for future care. Hospital records are kept for a minimum of 8 years following the end of treatment and GP records for a minimum of 10 years.

The minimum periods that the most common types of health records must be kept are:

- GP records until 10 years after the patient's death or after the patient has permanently left the country, unless a patient remains within the European Union (exceptions are patients serving in the Armed Forces or serving a prison sentence, when the records must not be destroyed).
- GP records relating to children and young people (including paediatric and vaccination records) are kept until the patient's 25th birthday or 26th birthday if an entry was made when the young person was 17; 10 years after the patient's death, if sooner.
- Dental records are kept 11 years for adults. For children, 11 years until the patient is 25 years old, whichever is the longer.
- Ophthalmic records – 11 years for adults. For children – 11 years or until the patient is 25 years old whichever is the longer.
- Children and young people (all types of records relating to children and young people) are retained until the patient's 25th birthday or 26th if a young person was 17 at the conclusion of treatment; or 8 years after if death is sooner.
- Immunisation and vaccination records for children and young people are retained until the patient's 25th birthday, or 26th if a young person was 17 at the conclusion of treatment. For adults, records are retained until after the conclusion of treatment.
- Maternity records - 25 years after last birth. Records relating to persons having treatment for a mental disorder within the meaning of Mental Health Act 1983 – 20 years after the date of the last contact between the patient and any health care provider or 8 years after the patient's death if sooner.

The length of time for which health records must be kept is calculated from the beginning of a year after the date of the last entry on the health record. For example, a file in which the last entry is in September 2003 and for which the retention period is 7 years will be kept until the beginning of 2011.

Can I access my UK health records if I am living abroad?

If you have permanently left the country your GP health records will be sent to your local Primary Care Trust (PCT) and your hospital records will be stored at the hospital you attended, or sent to a local archive. Hospital records are kept for a minimum of 8 years following the end of treatment and GP records for a minimum of 10 years.

Under the Data Protection Act even though you may have moved abroad you still have the right to apply for access to or copies of your UK health records. You should apply in writing to the record holder.

How can I access the health records of someone who has died?

If you wish to view the health records of a deceased person under the Access to Health Records Act, you should apply in writing to the record holder. Once a person has died, their GP health records are passed to the local Primary Care Trust (PCT) to store, and so for GP records you should apply to the Records Manager at the relevant PCT. You can get details of which PCT to contact by asking the deceased person's GP. For hospital records the records holder will be the Records Manager at the hospital the person attended.

If you are unsure about the NHS organisation at which the deceased person was treated you can contact the NHS Centre Register, which should be able to trace the deceased person's records for you and advise you of the correct record holder to contact. The contact details for the NHS Central Register are Trace Line, NHS Centre Register, Smedley High Drove, Trafalgar Road, Birkdale, Southport PR8 2HH. A fee of £10 may be charged for access to the health records or records have not been added to within the last 40 days. An additional fee may be charged for copying and posting the records. There is no limit on this charge, but it should not result in a profit for the records holder. You should be aware that some types of records, such as x-rays, may be expensive to copy.

What about private health care records?

The Data Protection Act 1998 is not confined to health records held for the purposes of the National Health Service (of the National Health Service). It applies equally to the private health care sector and to health professionals private practice records. It also applies to the records of employers who hold information relating to the physical and mental health of their employees, if the records have been made by or on behalf of a health professional in connection with the care of the employee.

Other enquiries?

If there are any questions which you have in relation to this topic or your claim in general please don't hesitate to contact us.